



BROOKHAVEN SCIENCE ASSOCIATES

MEDICAL BENEFITS

February 15, 2005

CIGNA Open Access Plus (OAP) PPO

Each time you need medical care, you choose....



In-Network Care	Out-of-Network Care
You receive care from providers who are in the OAP Network	You receive care from providers who are <u>not</u> in the OAP Network



Receiving Benefits



In-Network Care	Out-of-Network Care
<ul style="list-style-type: none">• Most services covered in full after \$15 copayment• No claim forms	<ul style="list-style-type: none">• Most services covered at 80% of R&C after deductible• Must file claim forms

PLAN COMPARISON

	CIGNA OAP In-Network	CIGNA OAP Out-of-Network	CIGNA Indemnity
Provider	Participating provider	Non-participating provider	Any provider
Claim Forms	N/A	Must file claim forms	Must file claim forms
Annual Deductible (Individual/Family)	N/A	\$500/\$1500 (\$100/\$300 if retired or terminated employment before 1/1/92)	\$250/\$650
Annual Out-of-Pocket Maximum excl. deductible	N/A	\$2500/person \$7500/family	\$900/person
Lifetime Benefit Max	Unlimited	Unlimited	\$1,000,000/ person
Coverage	Most services covered in full after \$15 copay	Most services covered at 80% of R&C after deductible	Most services covered at 80% of R&C after deductible
Inpatient Hospital Services	Covered in full	Covered in full	100% of R&C for 365 days. Then, 80% of R&C after deductible

PLAN COMPARISON

	CIGNA OAP In-Network	CIGNA OAP Out-of-Network	CIGNA Indemnity
Emergency Room	Covered in full	Covered in full if true emergency	<u>Accident/Injury</u> 100% of R&C if within 48 hours. <u>Illness</u> 80% of R&C after deductible
Office Visit (illness)	Covered in full after \$15 copayment	80% of R&C after deductible	80% of R&C after deductible
Outpatient Mental Health/ Substance Abuse	Covered in full after \$15 copayment	80% of R&C after deductible	80% of R&C after deductible
Hearing Aids	Covered in full up to maximum. Combined network \$2000/	80% of R&C after deductible in & out-of- maximum: 1,095 days	80% of R&C after deductible Maximum: \$2000/1,095 days
Routine Eye Exams	Not covered	Not covered	80% of R&C after deductible if exam performed by an MD

PRESCRIPTION DRUGS COMPARISON

	CIGNA OAP In-Network	CIGNA OAP Out-of-Network	CIGNA Indemnity
Provider	Use <u>participating</u> pharmacy	Must use in-network pharmacy	Use <u>participating</u> pharmacy
Retail*	\$ 5 generic \$15 brand name formulary \$30 brand name non-formulary (up to 30-day supply)	N/A	\$ 5 generic \$10 brand name (up to 30-day supply)
Mail Order*	\$10 generic \$30 brand name formulary \$60 brand name non-formulary (90-day supply)	Must use in-network pharmacy	\$10 generic \$20 brand name (90-day supply)

*\$100/person/yr deductible applies to OAP

COORDINATION OF BENEFITS EXAMPLE

This example does not apply to dual coverage or to coordination with Medicare

Employee

Claim	\$2000
- Deductible	<u>\$ 500</u>
=	\$1500
x Coverage	<u>80%</u>
= CIGNA pays	\$1200

Out-of-Pocket

\$2000 Claim
- <u>\$1200</u> Paid
\$ 800

Spouse

Claim	\$2000
- Deductible	<u>\$ 500</u>
=	\$1500
x Coverage	<u>80%</u>
	\$1200

Out-of-Pocket

\$2000 Claim
- <u>\$2000</u> Total Paid
\$ 0

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CIGNA pays	\$ 800

The \$400 difference (\$1200-\$800) goes into a benefit credit bank to offset the deductible.

COORDINATION OF BENEFITS (Non-Medicare)

What's Reimbursed:

- Office visit copayment
- Prescription drug copayment
- Coinsurance
- Deductible (excluding prescription drug deductible)

COORDINATION OF BENEFITS (Medicare Part B–Office Visits)

- The Cigna medical program is a carve-out of benefits with Medicare. In general, this means the Medicare deductible, and 20% coinsurance are not reimbursed.
- In general, participants who use out-of-network providers will only have a total of 80% coverage from both the Cigna and Medicare programs.
- Participants who use in-network providers will only pay the office visit copayment for covered services.

Please note that this presentation is intended to provide only a summary of the medical benefits and is not an all-inclusive description of the programs. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. BSA maintains the right to modify, suspend or terminate its benefit programs in whole or in part at any time.